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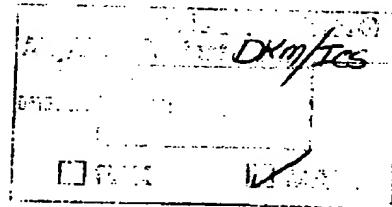
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/480,974	01/11/2000	MATTHEW TODD HUPP	7905	4998
27752	7590	08/18/2005	EXAMINER	
THE PROCTER & GAMBLE COMPANY INTELLECTUAL PROPERTY DIVISION WINTON HILL TECHNICAL CENTER - BOX 161 6110 CENTER HILL AVENUE CINCINNATI, OH 45224			CASTELLANO, STEPHEN J	
			ART UNIT	PAPER NUMBER
			3727	

DATE MAILED: 08/18/2005

Please find below and/or attached an Office communication concerning this application or proceeding.



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APPLICATION NO/ CONTROL NO.	FILING DATE	FIRST NAMED INVENTOR / PATENT IN REEXAMINATION	ATTORNEY DOCKET NO.

EXAMINER

ART UNIT PAPER

81605

DATE MAILED:

Please find below and/or attached an Office communication concerning this application or proceeding.

Commissioner for Patents

see attached


Stephen J. Castellano
Primary Examiner
Art Unit: 3727

PTO-90C (Rev.04-03)

Application/Control Number: 09/480,974
Art Unit: 3727

Page 2

The reply filed on June 10, 2005 is not fully responsive to the prior Office communication because: Applicant has presented claim 1 with the status identifier "previously presented" while claim 1 is currently amended (see lines 1 and 2, the language "having an aperture with a perimeter therearound" has been replaced with "having an aperture perimeter therearound"). Since the period for reply set forth in the prior Office action has expired, this application will become abandoned unless applicant corrects the deficiency and obtains an extension of time under 37 CFR 1.136(a).

The date on which the petition under 37 CFR 1.136(a) and the appropriate extension fee have been filed is the date for purposes of determining the period of extension and the corresponding amount of the fee. In no case may an applicant reply outside the SIX (6) MONTH statutory period or obtain an extension for more than FIVE (5) MONTHS beyond the date for reply set forth in an Office action. A fully responsive reply must be timely filed to avoid abandonment of this application.

Any inquiry concerning this communication or earlier communications from the examiner should be directed to Stephen J. Castellano whose telephone number is 571-272-4535. The examiner can normally be reached on M-Th 6:30-5.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Nathan J. Newhouse can be reached on 571-272-4544. The fax phone number for the organization where this application or proceeding is assigned is 703-872-9306.

Application/Control Number: 09/480,974
Art Unit: 3727

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Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).

J. Castellano
Stephen J. Castellano
Primary Examiner
Art Unit 3727

sjc

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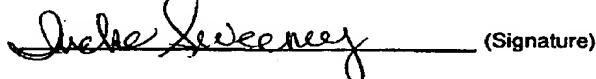
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**FACSIMILE TRANSMITTAL SHEET AND
CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8**

TO: Commissioner for Patents
United States Patent and Trademark Office
ATTN: EXAMINER S. J. CASTELLANO
Fax No. (571) 273-8300
Phone No. (571) 272-4535

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on August 26, 2005, to the above-identified facsimile number.

 (Signature)

FROM: (Typed or printed name of person signing Certificate) Ineke Sweeney

Fax No. (513) 634-6108 Phone No. (513) 634-9359

Listed below are the item(s) being submitted with
this Certificate of Transmission:

- 1) Reply to Notice of Non-Compliance
- 2) Petition for Extension of Time
- 3) Fee Transmittal
- 4)
- 5)

Number of Pages Including this Page:

Inventor(s): Hupp
S.N.: 09/480,974
Filed: January 11, 2000
Confirmation No.: 4998
Case: 7905

Comments:

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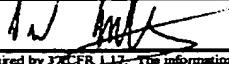
AUG 26 2005

PTO/SB/17 (12-04)
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2005		Complete If Known	
Patent fees are subject to annual revision. Effective December 8, 2004		Application Number	09/480,974
		Confirmation Number	4998
		Filing Date	January 11, 2000
		First Named Inventor	Hupp
		Examiner Name	S. J. Castellano
		Art Unit	3727
TOTAL AMOUNT OF PAYMENT (\$120.00)		Attorney Docket No. 7905	

METHOD OF PAYMENT			FEES CALCULATION (continued)																															
<p>1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to:</p> <p>Deposit Account Number: 16-2480 Deposit Account Name: The Procter & Gamble Company</p>			<p>5. ADDITIONAL FEES</p> <table border="0"> <thead> <tr> <th style="text-align: left;"><u>Fee Description</u></th> <th style="text-align: right;"><u>Fee Paid</u></th> </tr> </thead> <tbody> <tr> <td>Extension for reply within 1st month</td> <td style="text-align: right;">(\$120) <input checked="" type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 2nd month</td> <td style="text-align: right;">(\$450) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 3rd month</td> <td style="text-align: right;">(\$1,020) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 4th month</td> <td style="text-align: right;">(\$1,590) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 5th month</td> <td style="text-align: right;">(\$2,160) <input type="checkbox"/></td> </tr> <tr> <td>Information Disclosure Statement fee</td> <td style="text-align: right;">(\$180) <input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.16(f) Late Oath/Declaration (nonprovisional)</td> <td style="text-align: right;">(\$130) <input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.17 (g) Surcharge - Late provisional filing fee or cover sheet</td> <td style="text-align: right;">(\$50) <input type="checkbox"/></td> </tr> <tr> <td>Non-English specification</td> <td style="text-align: right;">(\$130) <input type="checkbox"/></td> </tr> <tr> <td>Notice of Appeal</td> <td style="text-align: right;">(\$500) <input type="checkbox"/></td> </tr> <tr> <td>Filing a brief in support of an appeal</td> <td style="text-align: right;">(\$500) <input type="checkbox"/></td> </tr> <tr> <td>Request for oral hearing</td> <td style="text-align: right;">(\$1,000) <input type="checkbox"/></td> </tr> <tr> <td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td> <td style="text-align: right;">(\$1,370) <input type="checkbox"/></td> </tr> <tr> <td>Other: _____</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> </tbody> </table>		<u>Fee Description</u>	<u>Fee Paid</u>	Extension for reply within 1 st month	(\$120) <input checked="" type="checkbox"/>	Extension for reply within 2 nd month	(\$450) <input type="checkbox"/>	Extension for reply within 3 rd month	(\$1,020) <input type="checkbox"/>	Extension for reply within 4 th month	(\$1,590) <input type="checkbox"/>	Extension for reply within 5 th month	(\$2,160) <input type="checkbox"/>	Information Disclosure Statement fee	(\$180) <input type="checkbox"/>	37 CFR 1.16(f) Late Oath/Declaration (nonprovisional)	(\$130) <input type="checkbox"/>	37 CFR 1.17 (g) Surcharge - Late provisional filing fee or cover sheet	(\$50) <input type="checkbox"/>	Non-English specification	(\$130) <input type="checkbox"/>	Notice of Appeal	(\$500) <input type="checkbox"/>	Filing a brief in support of an appeal	(\$500) <input type="checkbox"/>	Request for oral hearing	(\$1,000) <input type="checkbox"/>	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	(\$1,370) <input type="checkbox"/>	Other: _____	<input type="checkbox"/>
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<p>2. BASIC FILING FEE - Large Entity</p> <table border="0"> <thead> <tr> <th style="text-align: center;"><u>FILING FEE</u></th> <th style="text-align: center;"><u>SEARCH FEE</u></th> <th style="text-align: center;"><u>EXAMINATION FEE</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Utility (\$300)</td> <td style="text-align: center;">(\$500)</td> <td style="text-align: center;">(\$200)</td> </tr> <tr> <td colspan="3" style="text-align: center;">(Total = \$1000) <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Design (\$200)</td> <td style="text-align: center;">(\$100)</td> <td style="text-align: center;">(\$130)</td> </tr> <tr> <td colspan="3" style="text-align: center;">(Total = \$430) <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Reissue (\$300)</td> <td style="text-align: center;">(\$500)</td> <td style="text-align: center;">(\$600)</td> </tr> <tr> <td colspan="3" style="text-align: center;">(Total = \$1400) <input type="checkbox"/></td> </tr> <tr> <td colspan="3" style="text-align: center;">Provisional filing fee (\$Total = \$200) <input type="checkbox"/></td> </tr> </tbody> </table>			<u>FILING FEE</u>	<u>SEARCH FEE</u>	<u>EXAMINATION FEE</u>	Utility (\$300)	(\$500)	(\$200)	(Total = \$1000) <input type="checkbox"/>			Design (\$200)	(\$100)	(\$130)	(Total = \$430) <input type="checkbox"/>			Reissue (\$300)	(\$500)	(\$600)	(Total = \$1400) <input type="checkbox"/>			Provisional filing fee (\$Total = \$200) <input type="checkbox"/>										
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<p>3. APPLICATION SIZE FEE: Sheets of Spec and Drawings <input type="checkbox"/> (\$250 for each 50 sheets in excess of 100, except for sequence and program listings)</p>																																		
SUBTOTAL (2)+(3) (\$120)																																		
<p>4. EXTRA CLAIM FEES FOR UTILITY AND REISSUE:</p> <table border="0"> <thead> <tr> <th style="text-align: center;"><u>Extra Claims</u></th> <th style="text-align: center;"><u>Fee from Below</u></th> <th style="text-align: center;"><u>Fee Paid</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center;">Multiple Dependent claims: <input type="checkbox"/> = <input type="checkbox"/></td> </tr> </tbody> </table> <p>** or number previously paid, if greater; For Reissues, see below</p> <p>Fee Description</p> <p>Claims in excess of 20 (\$50 per claim) Independent claims in excess of 3 (\$200 per claim) Multiple dependent claim, if not paid (\$360)</p> <p>**Reissue: each independent claim over 3 and more than in the original patent (\$200 per claim)</p> <p>**Reissue claims: each claim over 20 and more than original patent (\$50 per claim)</p>			<u>Extra Claims</u>	<u>Fee from Below</u>	<u>Fee Paid</u>	Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/>			Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/>			Multiple Dependent claims: <input type="checkbox"/> = <input type="checkbox"/>																						
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SUBTOTAL (4) (\$120)			SUBTOTAL (5) (\$120)																															

SUBMITTED BY			Complete (if applicable)	
Name (Print/Type)	David K. Mattheis	Registration No. (Attorney/Agent)	48,683	Telephone (513) 634-9359
Signature				Date August 25, 2005

+ This collection of information is required by 37 CFR 1.13. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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